## SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 2nd AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND. TOTAL DEP. TOTAL CLAIMS Ī TOTAL IND. \_1 \_1 \_1

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

TOTAL DEP. TOTAL CLAIMS

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